MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

6-29-05

SERIAL NO. 10/674684

FILING DATE

APPLICANT(S)

			CLAIMS									

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3							53						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

	CLAIMS ONLY			Application Number 10/674,684		Filing Date	
				Applicant(s)			

* May be used for additional claims or amendments

CLAIMS	AS FILED 6-29-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
101								151						
102								152						
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147								197						
148								198						
149								199						
150								200						
Total Indep								Total Indep	2					
Total Depend								Total Depend	18					
Total Claims								Total Claims	20					